

## DID YOU REMEMBER TO????

- ☐ Include your check or money order made payable to the Department of Banking and Finance for the application/investigation fee.
- ☐ Complete ALL sections of the application and supplemental information and/or indicate if an item is not applicable.
- ☐ Sign and date the application where required.
- ☐ Provide a statement of fees you will charge to transmit money or to sell checks and money orders.
- ☐ Provide list of products and services provided by your business as principal or agent.
- ☐ Provide the number of Georgia agents.
- ☐ Provide a list of the states in which you are currently licensed as a money transmitter or sale of check company.
- ☐ Provide the name and address of your agent for service in Georgia (should be an entity or person located in Georgia).
- ☐ Submit all required forms for each Director, Officer, Manager, and Owner of 10 percent or more:
  - ✓ Personal Financial Report and Biographical Information (Form 19-6)
  - ✓ Independent Credit Report
  - ✓ Authorization for Background Investigation
- ☐ Provide a copy of the Certificate of Authority to do business in Georgia (where applicable) from the Georgia Secretary of State (<http://www.sos.state.ga.us/corporations/>).
- ☐ Provide a copy of your Certificate of Incorporation or Partnership Agreement (where applicable).
- ☐ Provide a copy of Statement of Assets and Liabilities and Statement of Profits and Loss for the most recently completed year, OR a copy of the latest income tax return for an existing business. If this is a new company, a pro-forma financial statement may be submitted.
- ☐ Sample copy (specimen in English) of the written receipt or other evidence of acceptance of the money transmittal order showing the name of the licensee (or trade name of the licensee as registered with the department), agent identifier information, the date the order was placed, the dollar amount of the transmission order, and the fee charged.
- ☐ It is very important that the Department has your e-mail address because this is the primary method for communicating with you in the future.

**Please note that the Department cannot begin processing your application until we have received a completed application, along with the filing fee required.**

**If we find that your application is incomplete, it will be returned to you for completion.**

**If your application is found to be complete, it should be processed within 30 business days of receipt.**



*Georgia Department of Banking & Finance  
2990 Brandywine Road, Suite 200  
Atlanta, GA 30341*

<http://www.gadbf.org>

Phone: 770-986-1633

Fax: 770-986-1655

## **MEMORANDUM**

**RE:** Application for License to engage in the business of Transmitting Money or Selling/Issuing Checks, Money Orders, and other Payment Instruments in Georgia.

Please find enclosed an Application for Money Transmitter or Sale of Check License including:

1. Application Forms
2. List of Supplemental Information Requested for each Type of License
3. Background Investigation Authorization Letter Form
4. Financial and Biographical Information Form 19-6

Persons seeking a license to engage in the business of selling/issuing check or transmitting money should complete the applicable sections of the application form and all supplemental information as it applies to the license being applied for. All forms may be reproduced as needed. Attach supplemental sheets wherever the application form does not provide sufficient space to fully respond to the information requested on the Supplemental Information pages.

Official Code of Georgia Section 7-1-70 provides for the limited confidential treatment of information contained in your application. The Department will disclose the fact of an application in its monthly bulletin giving the name of the applicant and upon request will disclose the name address and telephone number of the designated contact person. Content of the application may be obtained through proper subpoena of a court of law; however, it is the policy of the Department to seek a protective order limiting access and disclosure under such circumstances.

Applicants should file one copy of the application and all attachments bearing original signatures with the Department, along with a check payable to the Department of Banking and Finance in payment of the \$2,000 Application Fee for a Sale of Check or Money Transmitter License. The Application will be reviewed for sufficiency and the applicant notified if additional information is needed. Completed applications will normally be acted upon within 60 days.

If you have any questions regarding the foregoing or the material contained herein, please feel free to contact this office at (770) 986-1639.

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**Note:** Fingerprint cards may be requested following review of the information. If so, please submit two cards per person. \$30.00 fee per set of cards. Only cards furnished by this Department are to be used. Take to the nearest law enforcement agency to have completed. Extra cards may be requested, at no cost, from the Department. Please call 770-986-1639.

## APPLICATION FOR GEORGIA SALE OF CHECK OR MONEY TRANSMITTER LICENSE

(Please print or type clearly)

Application is hereby made for a license to engage in the business of either Selling/Issuing Checks or Money Transmission as principal. If you are presently an agent for another company, please indicate name of company in the applicable section below\*.

Legal Name of Applicant: \_\_\_\_\_

(Name of individual, partnership or corporation)

Trade Name (D/B/A): \_\_\_\_\_

Main Office Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Mailing Address if different from above: \_\_\_\_\_

Federal Taxpayer Identification Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address of Contact Person: \_\_\_\_\_

Location of Books and Records: \_\_\_\_\_

Internet Website(s): \_\_\_\_\_

Type of business activities to be conducted in Georgia: (as principal):

Sale of Checks/Payment Instruments: ( ) Money Transmission: ( ) Check Cashing: ( )

\*If you perform any of the above activities as an agent for another company, please list the activity and the company's name: \_\_\_\_\_

Type of Money Transmission/ Payment Instruments to be sold/issued (mark all that apply):

Checks: ( ) Travelers Checks: ( ) Wire Transfers: ( ) Drafts: ( )

Stored Value: ( ) Other (explain): ( )

Money transmission sales are conducted through (mark all that apply):

( ) Company Owned Outlets ( ) Independent Authorized Agents ( ) Subsidiaries or Affiliate

( ) Other (explain): \_\_\_\_\_

Name and Residence Address of Owners, Directors, Officer, & Ultimate Equitable Owners of 10% or more (Attach additional sheets if necessary)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ % Owned: \_\_\_\_\_

SSN#: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ % Owned: \_\_\_\_\_

SSN#: \_\_\_\_\_

**Name and Residence Address of Owners, Directors, Officer, & Ultimate Equitable Owners of 10% or more (Attach additional sheets if necessary)**

<b>Name:</b> _____	<b>Title:</b> _____
<b>Address:</b> _____	<b>% Owned:</b> _____
_____	<b>SSN#:</b> _____

**PLEASE REFER TO THE ATTACHED LIST OF SUPPLEMENTAL INFORMATION REQUIRED.**

1. **Is the applicant or any officer, director, owner, ultimate equitable owner of 10% or more, or employee of the applicant or any other business interest of such persons now or have they previously been licensed to engage in the business of selling checks or transmitting money in any other state either directly or as the agent for a licensee? ( ) No ( ) Yes** If yes, attach a statement giving full details including reasons for any termination and financial status of relationship at time of termination.
2. **Has the applicant or any officer, director, owner, ultimate equitable owner of 10% or more, or employee of the applicant or any other business interest of such persons ever been denied a license to engage in the business of selling checks or transmitting money directly or as an agent of another? ( ) No ( ) Yes** If yes, attach a statement giving full details.
3. **Litigation: Has the applicant, any officer, director, owner, ultimate equitable owner of 10% or more, or affiliate been involved in any criminal and/or civil litigation for the 10-year period prior to this application? ( ) No ( ) Yes** If yes, please provide full details including final disposition on a separate sheet.

**The following persons are currently employed by the applicant in a management capacity in addition to those persons listed on page 1.**

FULL LEGAL NAME	POSITION	SOCIAL SECURITY #

**List Georgia locations. Attach additional sheets if necessary.**

STREET ADDRESS	CITY	COUNTY	ZIP	TELEPHONE

**Depository Institutions with which accounts are maintained.**

**Type:** (1) Check/Money Order Clearing (2) General Operating (3) Money Transmission (4) Other

NAME OF INSTITUTION	BRANCH LOCATION	ACCOUNT NUMBER	TYPE

### **SIGNATURE AND OATH OF APPLICANTS**

I hereby swear or affirm that the information contained herein and attachments hereto is true and correct to the best of my knowledge. Further, the provisions of Official Code of Georgia Annotated Section 7-1-680, Articles 4 and Regulation Chapter 80-3-1 promulgated by the Department in furtherance of such Code provisions have been reviewed by the principals of the applicant as listed herein and all employees of the applicant will be made aware of such laws and regulations and changes enacted hereafter. It is the purpose of this application to induce the Georgia Department of Banking and Finance, its officials and examiners to grant a license to engage in the business of transmitting money or selling/issuing checks, drafts, money orders, and other payment instruments and any false statement omission of material information in connection with this application shall be punished as provided by law.

### **CORPORATE SEAL**

\_\_\_\_\_  
**Signature of applicant or Authorized Corporate Official**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Attest**

\_\_\_\_\_  
**Title**

All Individual and corporate signatures without the corporate seal require notarization:

State of \_\_\_\_\_

County of \_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, a notary public in and for said county, personally appeared:

known to me to be the person(s) named in, and who executed the foregoing application and made oath that the statements and representations set forth therein are true to the best of his/her/their knowledge and belief.

### **NOTARY SEAL**

\_\_\_\_\_  
**Notary Public**

\_\_\_\_\_  
**County**

\_\_\_\_\_  
**My Commission Expires**

## SUPPLEMENTAL INFORMATION

The following information is to be provided for money transmitter and sale of check applicants. Additional information may be requested following initial review of the application.

### SALE OF CHECK/PAYMENT INSTRUMENT APPLICANTS:

1. Sale of Check Surety Bond requirement is:
  - ✓ \$100,000.00 minimum for the license, which includes first Georgia location, plus \$5,000.00 for each additional location (\$250,000.00 maximum based on locations)
  - ✓ \$1,500,000.00 maximum additional based upon Average Daily Outstandings
2. Submit a specimen copy of the check or payment instrument to be sold.
3. Enclose corporate or company policy regarding the temporary investment of check sales proceeds pending presentment of items for payment.

### MONEY TRANSMITTER APPLICANTS:

1. Money Transmitter Surety Bond requirement is:
  - ✓ \$50,000.00 minimum for the license, which includes first Georgia location, plus \$5,000.00 for each additional location (\$250,000.00 maximum based on locations)
  - ✓ \$1,500,000.00 maximum additional based upon Average Daily Outstandings
2. Submit a sample copy (specimen) of the written receipt or other evidence of acceptance of the money transmittal order showing the name of the licensee (or trade name of the licensee), agent identifier information, the date the order was placed, the dollar amount of the transmission order, and the fee charged.

### REQUIRED FOR ALL APPLICANTS:

1. In accordance with the USA Patriot Act of 2001 and the Department of Treasury's Title 31 CFR Part 103, pertaining to anti-money laundering programs for MSBs, each applicant must be aware of the requirements of the law. If you are already in business as a money transmitter:
  - Provide a copy of your registration with FinCEN/IRS as an MSB.
  - Provide a copy of your anti-money laundering/BSA compliance program. If you are not already in business, you must develop these programs prior to issuance of a license by this Department.
2. A copy of Articles of Incorporation and Bylaws for corporations. For other types of organizational structures (i.e., partnerships, associations, LLCs, etc.), please provide a copy of the forming/incorporating agreements or document.
3. A copy of Statement of Assets and Liabilities and Statement of Profits and Loss prepared by Independent Accountants for the most recently completed Fiscal Year/Calendar Year. If this is a new company, a proforma financial statement should be submitted. Applicants for a Money Transmitter License may submit a copy of the latest income tax return for an existing business operated by the applicant in lieu of the Independent Accountant statements. Information requested should also be provided for any corporation owning more than a 25% interest in the applicant.
4. If incorporated in a state other than Georgia, submit evidence that the corporation has qualified to do business in Georgia, and give name and address of agent for service.
5. Is the applicant or any of its affiliates engaged in the money transmission or sale/issuance of check business in any other state? ( ) **Yes** ( ) **No** *If yes, provide the following information: Name of state, Name and address of the agency issuing a license, Name of licensee, Type of license, and Date licensed.*
6. Each Director, Officer, Partner, or Ultimate Equitable Owner of 10% or more of the applicant, must complete the following and submit with the application:
  - Personal Financial Report and Biographical Information - Form 19-6
  - Independent Credit Report
  - Authorization for Background Investigation
7. Provide a statement of fees to be charged for transmitting money and selling checks/payment instruments, and a list of authorized agents in Georgia. Provide a sample authorized agent contract, if applicable.
8. Provide a complete listing of all products and services provided through locations in Georgia.
9. Submit a non-US Citizen Supplement Form, if applicable.

Applicant Name

OR

Existing Licensee Name & Number

### BACKGROUND CHECK AUTHORIZATION FORM

**TO WHOM IT MAY CONCERN:**

I hereby authorize the Georgia Department of Banking and Finance to obtain criminal history data on the undersigned in his/her capacity as a director, officer, principal, owner, policymaker, manager, agent or employee of the above licensee/applicant. Also, pursuant to the provisions of Section 7-1-682 of the Official Code of Georgia Annotated, the Department is authorized to secure information from credit reporting agencies, former employers or others regarding character, ethical reputation and financial responsibility. Such information and any conviction data received by the Department shall be used by the Department for the exclusive purpose of carrying out the responsibilities of this article, shall not be a public record, shall be privileged, and shall not be disclosed to another person or agency except to any person or agency which otherwise has a legal right to inspect the file. In order to facilitate this inquiry, I understand that I must provide the information below. The Department will notify me if further information is required. Should the data show that a violation of Section 7-1-682 of the Official Code of Georgia Annotated exists, I understand that the Department may take the appropriate steps regarding the status of the license, as well as action against any person who does not qualify for employment under the law.

This authorization remains effective as long as I am employed in the sale of check/money transmission industry. A copy of this authorization shall be accepted with the same force and validity as the original.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Print Full Name**

\_\_\_\_\_  
**Street Address**

\_\_\_\_\_  
**City, State, Zip Code**

\_\_\_\_\_  
**Social Security Number**

\_\_\_\_\_  
**Date of Birth**

\_\_\_\_\_  
**Sex**  
(M or F)

\_\_\_\_\_  
**Race**  
B – Black  
W – White  
I – American Indian or Alaskan Native  
A – Asian or Pacific Islander  
H – Hispanic

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Witness**

**FINANCIAL REPORT (Form 19-6)**  
**Section 1-Financial Information**

I, \_\_\_\_\_ Name \_\_\_\_\_ Business Address \_\_\_\_\_  
 submit herewith the following information and a correct and complete statement of my financial condition as of \_\_\_\_\_  
 to the Department of Banking and Finance for its confidential use with regard to an application, in  
 connection with (company) \_\_\_\_\_

An answer to each item is required. If the answer is "No", "None", or "Not Applicable", so state. If an item of information called for is "Unknown", so state. If space provided on this form is inadequate, attach a separate schedule. All such schedules should be signed and dated.

**ASSETS**

- 1) Cash on hand and in banks \$ \_\_\_\_\_
- 2) Notes, loans, and other accounts receivable considered good and collectible \_\_\_\_\_
- 3) Merchandise and inventory at lower of cost or market value \_\_\_\_\_
- 4) Real Estate - from Schedule A \_\_\_\_\_
- 5) Machinery and equipment - at cost less depreciation \_\_\_\_\_
- 6) Marketable Securities - from Schedule B \_\_\_\_\_
- 7) Life insurance (face amount \$ \_\_\_\_\_) Cash surrender value \_\_\_\_\_
- 8) Other assets - from Schedule C \_\_\_\_\_

**TOTAL ASSETS** \$ \_\_\_\_\_

**LIABILITIES**

- 9) Accounts Payable \$ \_\_\_\_\_
- 10) Notes payable to banks - from Schedule D \_\_\_\_\_
- 11) Notes payable to others - from Schedule E \_\_\_\_\_
- 12) Real estate mortgages payable - from Schedule F \_\_\_\_\_
- 13) Interest and taxes due and unpaid - from Schedule G \_\_\_\_\_
- 14) Other debts and liabilities - from Schedule H \_\_\_\_\_
- TOTAL LIABILITIES** \_\_\_\_\_
- 15) NET WORTH \_\_\_\_\_

**TOTAL LIABILITIES AND NET WORTH** \$ \_\_\_\_\_

NOTE: Notes, accounts receivable, mortgages and other assets considered doubtful, and not included in above financial statement have an estimated value of \$ \_\_\_\_\_.

**CONTINGENT LIABILITIES**

In addition to the debts and liabilities listed above, I have endorsed, guaranteed, or am otherwise indirectly or contingently liable for the debts of others as follows:

Name and address of Debtor or Obligor	Name and address of Creditor or Oblige	Description of Collateral	Value of Collateral	Date Obligation Incurred Due		Current Amount
			\$			\$
				Total \$		



## STATEMENT OF INCOME

YEARS	_____	_____	_____	Current Year
Salaries, wages, and commissions from employment				
Income from dividends and interest				
Net income from rents, royalties and investments				
Other income				
<b>TOTAL INCOME</b>				
Taxes (federal and state income taxes)				
<b>NET INCOME (after taxes)</b>				

## SUPPORTING SCHEDULES

Schedules set forth on this page must agree in total with the appropriate item contained in the Financial Statement on Page I-1 of this report.

### Schedule A - Real Estate Owned

Description and Location	Title in Whose Name	Date Acquired	Percentage of your Interest	Cost of your Interest	Current Market Value
				\$	\$
<b>CARRIED FORWARD TO ITEM 4, PAGE I-1 TOTAL</b>					\$

### Schedule B - Marketable Securities

Description	Amount	Description	Amount
	\$		\$
<b>CARRIED FORWARD TO ITEM 6, PAGE I-1 TOTAL</b>			\$

**Schedule C - Other Assets**

Description and Basis for Valuation	Value
	\$
CARRIED FORWARD TO ITEM 8, PAGE I-1 TOTAL	\$

**Schedule D - Notes Payable to Banks**

Name of Creditor	Security	Date Due	Amount
			\$
CARRIED FORWARD TO ITEM 10, PAGE I-1 TOTAL			\$

**Schedule E - Notes Payable to Others**

Name of Creditor	Security	Date Due	Amount
			\$
CARRIED FORWARD TO ITEM 11, PAGE I-1 TOTAL			\$

**Schedule F - Real Estate Mortgages Payable**

Name of Creditor	Security	Date Due	Amount
			\$
CARRIED FORWARD TO ITEM 12, PAGE I-1 TOTAL			\$

**Schedule G - Interest and Taxes Due and Unpaid**

Description	Payable To	Date Due	Amount
			\$
CARRIED FORWARD TO ITEM 13, PAGE I-1 TOTAL			\$

**Schedule H - Other Debts and Liabilities**

Description	Date Due	Amount
		\$
CARRIED FORWARD TO ITEM 14, PAGE I-1 TOTAL		\$

**FINANCIAL REPORT****Section II-Biographical Information**

(Name of Applicant) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Citizenship \_\_\_\_\_

Residence Address \_\_\_\_\_

Length of Residence in Community \_\_\_\_\_

Marital Status \_\_\_\_\_ Wife/Husband's Name \_\_\_\_\_

Social Security No. or Assigned Internal Revenue I. D. Number \_\_\_\_\_

Trade Names and/or other names used in place of given name \_\_\_\_\_

List Civic, professional, social, or other organizations in which you have membership

\_\_\_\_\_

\_\_\_\_\_

Resume` of Education \_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT RECORD**  
(Include Employment for last 7 years)

<b>Date</b>		<b>Name, Location and Type of Business</b>	<b>Position Held and Nature of Duties; Contact Name and Phone #</b>
<b>FROM</b>	<b>TO</b>		

**DISCHARGES AND REQUESTED RESIGNATIONS:**

List each employment from which you have been discharged or fired for any reason, or from which you have resigned or quit after being requested to do so by your employer or after having been informed by your employer of an intention to discharge you.

<b>Name and Address of Employer</b>	<b>Date of Discharge or Resignation</b>	<b>Reason or Explanation</b>

### BANKRUPTCIES

List all proceedings in bankruptcy, receivership, assignments for the benefit of creditors, and other similar proceedings for the benefit of creditors of which you are or were the subject or of which the subject was a corporation or other similar business organization in which you hold or held a ten percent or more legal or equitable ownership interest and/or in which you are or were an executive officer and/or a director.

Title and Nature of Proceeding	Date	Name and Address of Court	Disposition (outcome)

### JUDGMENTS

List all civil or administrative judgments or orders issued against you or any corporation or other similar business organization in which you hold or held a ten percent or more legal or equitable ownership interest and/or in which you are or were an executive officer and/or a director by any federal or state court or by any department, agency, or commission of the U.S. Government or any state or municipality, or any foreign government or governmental entity. Furnish copies of all such judgments, orders, opinions, reports of investigation, etc. This information must be supplied for the past seven years.

Title and Nature of Judgment	Date	Name and Address of Court Where Judgment Entered	Name and Address of Holder of Judgment	Amount

### OFFENSES

#### Arrests and Trials

List each charge or indictment against you or any business or similar organization of yours, each arrest by any law enforcement agency, and each trial, whether or not convicted, in connection with any crime or other offense, other than minor traffic violations. A "business or similar organization of yours" means one in which you now hold or held a ten percent or more ownership interest or occupy or occupied a policy making position in senior management.

Reason Charged or Tried	Name of Charging or Arresting Authority & Name of Court Where Tried	Date and Place (Include city and state where charge, arrest, trial, etc., took place)	Date and Disposition (Statement of Outcome)

### BUSINESS AFFILIATIONS

List all firms, companies, corporations, or other business organizations of which you are at present a director, officer, employee, partner, or owner.

Name and Location	Type of Business	Position Held

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### CERTIFICATE

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I hereby certify that the foregoing information and statement of financial condition is true and correct to the best of my knowledge and belief and that said information and statement of financial condition are submitted voluntarily by me to the Department of Banking and Finance for its confidential use.

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Date

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Signature in Full



## APPLICATION FOR MONEY TRANSMITTER OR SALE OF CHECK LICENSE NON-U.S. CITIZEN SUPPLEMENTAL INFORMATION

If you are **NOT** a United States citizen, please provide the following:

1. Name: \_\_\_\_\_
2. Visa Type and Number: \_\_\_\_\_
3. Passport Type and Number: \_\_\_\_\_
4. National or Alien Identification Number(s): \_\_\_\_\_
5. Other Identification Number(s) (**Please indicate the type of identification numbers listed**):  
\_\_\_\_\_  
\_\_\_\_\_

If you are exempt from holding a visa, please explain why:

6. Mother's maiden name: \_\_\_\_\_

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### **Instructions:**

Documents presented in a language other than English should be translated into English and duly certified by the translator to be true and accurate.

If you are unable to secure certified statements from the government of your country, a statement from the government attesting that it will not issue certificates or sworn statements should be submitted. However, if not available from the government, a certification from the United States Embassy Secretary or Consular Agent attesting that the government does not or will not issue certifications or sworn statements will be sufficient.

A United States Embassy Secretary or Consular Agent in the foreign country must certify each final copy and statement to be submitted with this application.

GEORGIA DEPARTMENT OF BANKING AND FINANCE  
2990 BRANDYWINE ROAD, SUITE 200  
ATLANTA, GEORGIA 30341-5565

SALE OF CHECKS OR MONEY TRANSMISSION

Bond No. \_\_\_\_\_

B O N D

Amount \$ \_\_\_\_\_

KNOW ALL MEN BY THESE PRESENTS, That

\_\_\_\_\_  
(Name of Applicant/Principal)

\_\_\_\_\_  
(Business Address of Applicant)

of the City of \_\_\_\_\_, County of \_\_\_\_\_, and State of \_\_\_\_\_

as principal, and \_\_\_\_\_ of the City of \_\_\_\_\_,  
(Name of Surety)

County of \_\_\_\_\_, State of \_\_\_\_\_, as surety, are held and firmly bound unto the State of Georgia for the use and benefit of the State and of any claimant against the Principal or his agents in the principal sum of \_\_\_\_\_ Dollars (\$\_\_\_\_\_), for the payment of which, well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally by these presents.

WHEREAS, the above named principal has applied to the Georgia Department of Banking and Finance for a license to engage in the business of transmitting money or selling and issuing checks in this State, whether through its own acts or the acts of any employee or agent of the principal under Official Code of Georgia Annotated ("O.C.G.A.") § 7-1-680 through 692, as amended. NOW, THEREFORE, the condition of the foregoing obligation is such that if the Principal obligor shall comply with the provisions of the O.C.G.A. § 7-1-680 through 692, as amended, all regulations duly promulgated thereunder, and all other laws applicable to the conduct of its business, and shall pay any and all monies that may become due and owing to the State of Georgia that shall include, but not be limited to monies owed for fees, fines or penalties under and by virtue of the provisions of O.C.G.A. § 7-1-680 through 692, as amended, or the Rules of the Department of Banking and Finance, and shall pay any and all monies that may become due and owing any person due to the violation of any such laws and regulations by the Principal through its own acts or the acts of any agent of the Principal, then this obligation will be void: otherwise the same will remain in full force and effect.

This obligation is issued under and is governed by O.C.G.A. §§ 7-1-680 through 692 and the obligations of the surety shall be those therein set forth.

This bond becomes effective as of \_\_\_\_\_, 20\_\_\_\_\_, in support of any license issued to Principal by the Georgia Department of Banking and Finance. This obligation may be continued by appropriate license renewal certificate issued for subsequent years. Pursuant to O.C.G.A. §7-1-686(c), this bond may not be canceled by either the licensee or the corporate surety except upon notice to the Department of Banking and Finance by registered or certified mail with return receipt requested, the cancellation to be effective not less than 30 days after receipt by the Department of Banking and Finance of such notice and only with respect to any breach of condition occurring after the effective date of such cancellation.

Provided further that regardless of the number of years this bond remains in force or the number of premiums paid, the total aggregate liability of the Surety shall not exceed the principal amount of the bond required to be maintained by the Principal in order to keep its license.

By signing below, the Principal hereby agrees to the release of the payment status of fines assessed by the Department of Banking and Finance to the Surety. Such disclosure by the Department of Banking and Finance to the Surety shall be limited to whether the Principal has paid any fines assessed in full as of the date of request. The Department of Banking and Finance shall be entitled to rely on a copy of the release signed by the licensee when releasing such information.

WITNESS WHEREOF, the parties hereto have hereunto set our hands and affixed our seals this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_(SEAL)  
Principal

By: \_\_\_\_\_

Title: \_\_\_\_\_

\_\_\_\_\_(SEAL)

Surety

By: \_\_\_\_\_

Title: \_\_\_\_\_



## DEPOSIT IN LIEU OF SURETY BOND

### SECTION 7-1-680-692 SALE OF CHECKS

THIS CONTRACT AND AGREEMENT, entered into in triplicate this \_\_\_\_\_ day of \_\_\_\_\_,

A.D. 20\_\_\_\_\_, between \_\_\_\_\_

a \_\_\_\_\_  
(corporation)

organized under the laws of the state of \_\_\_\_\_ and doing business in the State of Georgia, hereinafter called the first party, and STATE OF GEORGIA, hereinafter called the second party.

#### WITNESSETH:

WHEREAS, the said party of the first part is subject to the law regulating the sale or issuance of checks, drafts, money orders, or other instruments for the transmission or payment of money, (Section 7-1-680, et. seq., O.C.G.A.), and

WHEREAS, said law provides for the deposit of securities with a value equal to the amount of a surety bond required in lieu thereof, and

WHEREAS, said law provides that the first party may deposit with the Department or a bank or trust company located in this State, as such applicant may designate and the Department may approve bonds, notes, debentures, or other obligations of the United States or any agency or instrumentality thereof, or guaranteed by the United States, or of the State of Georgia, or of a municipality, county, school district, or instrumentality of the State of Georgia or guaranteed by this State, to an aggregate amount, based upon the principal amount or the market value, whichever is lower, of not less than the amount of the required corporate surety bond or portion thereof, and

WHEREAS, the Commissioner, Department of Banking and Finance has agreed to accept a deposit of securities in lieu of a surety bond and has agreed that \_\_\_\_\_, a banking association with its principal place of business in \_\_\_\_\_, Georgia, is qualified to act as Custodian.

NOW, THEREFORE, in consideration of the premises, the party of the first part deposits with \_\_\_\_\_ the following securities:

#### DESCRIPTION

#### PAR VALUE OR MARKET VALUE, WHICHEVER IS LOWER

## CASH DEPOSIT IN LIEU OF SURETY BOND

### SECTION 7-1-680-692 SALE OF CHECKS

THIS CONTRACT AND AGREEMENT, entered into in triplicate this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, between \_\_\_\_\_ (corporation)

organized under the laws of the State of \_\_\_\_\_ and doing business in the State of Georgia, hereinafter called the first party, and STATE OF GEORGIA, hereinafter called the second party.

#### WITNESSETH:

WHEREAS, the said party of the first part is subject to the law regulating the sale or issuance of checks, drafts, money orders, or other instruments for the transmission or payment of money, (Section 7-1-680, et seq., O.C.G.A.), and

WHEREAS, said law provides for the deposit of securities with a value equal to the amount of a surety bond required in lieu thereof, and

WHEREAS, said law provides that the first party may deposit with the Department or a bank or trust company located in this State, as such applicant may designate, and the Department may approve bonds, notes, debentures, or other obligations of the United State or any agency or instrumentality thereof, or guaranteed by the United States, or of the State of Georgia, or of a municipality, county, school district, or instrumentality of the State of Georgia, or guaranteed by this State, to an aggregate amount, based upon the principal amount or the market value, whichever is lower, of not less than the amount of the required corporate surety bond or portion thereof, and

WHEREAS, the Commissioner, Department of Banking and Finance has agreed to accept a deposit of securities in lieu of a surety bond and has agreed that such securities may consist of time certificates of deposit evidencing deposits in one or more financial institutions whose deposits are insured by the Federal Deposit Insurance Corporation provided the aggregate principal amount of such certificates of deposit issued by any single financial institution and subject to this agreement is fully insured under such federal deposit insurance programs, and whereas, the party of the first part in executing this agreement certifies that it will not at any time during the term of this agreement have on deposit at any financial institution issuing certificates of deposit which are the subject of this agreement an amount in excess of the aggregate amount per depositor that may be legally insured under such federal deposit insurance programs, and

WHEREAS, the Commissioner, Department of Banking and Finance has agreed that \_\_\_\_\_, a banking association with its principal place of business in \_\_\_\_\_, Georgia, is qualified to act as Custodian.

NOW, THEREFORE, in consideration of the premises, the party of the first part deposits with \_\_\_\_\_ the following certificates:

#### DESCRIPTION

#### FACE VALUE, MATURITY DATE

(This Page is applicable for either Agreement in Lieu of Bond you choose.)

The parties further agree hereto:

1. Subject to the provisions herein contained, these securities are deposited for the use and benefit of the State of Georgia and any creditor of the party of the first part for any liability incurred on any checks issued by said first party under and by virtue of the aforesaid provisions of law.
2. The securities deposited may be exchanged from time to time for other securities of an equal par value that qualify under the provisions of law relating to this deposit, such substituted securities to be with joint approval of the parties, provided however, that the aggregate principal amount or market value whichever is lower, of all securities deposited shall not be less than the amount of the required corporate surety bond or designated portion thereof.
3. All interest or dividends on all securities deposited shall be payable to or in accordance with the instructions of the party of the first part, unless and until the party of the second part gives contrary notice to the custodian, which notice shall be in writing and supported by a certified copy of an order of competent jurisdiction which order by its terms prohibits receipt by said first part of such interest or dividends.
4. All the securities deposited under the terms of this agreement shall be under the exclusive control of the party of the second part who shall have the right from time to time to order the custodian to sell or otherwise dispose of any securities and to convert the same into cash and to pay and deliver any securities and cash to said party of the second part, all such instructions, however, from the party of the second part shall be in writing.
5. If the party of the first part will faithfully conform to and abide by the provisions of the aforesaid statutes and will honestly and faithfully apply all funds received and perform all obligations issued and sold under the aforesaid statute and will pay to the State and to any person entitled thereto all money that becomes due and owing to the State or to such person under the provisions of the aforesaid statutes because of any checks or other instruments issued or sold in this State by said first party under and by virtue of the provisions of the aforesaid statutes, then the party of the second part shall have no further right in or claim to the securities deposited.
6. This agreement is executed in triplicate, one copy to be kept by each of the parties hereto and one copy to be kept by the custodian.

Signed, sealed, and delivered in triplicate this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
By: \_\_\_\_\_  
(Title)

\_\_\_\_\_  
Commissioner, Department of Banking and Finance  
State of Georgia

\_\_\_\_\_, Custodian, hereby acknowledges receipt of the securities described in the foregoing agreement and covenants and agrees that the same will be held by it for the purposes and subject to the terms and conditions of said agreement, but reserves the right to resign as custodian by giving thirty (30) days written notice to the signers of the agreement.

\_\_\_\_\_  
Date \_\_\_\_\_ By: \_\_\_\_\_  
(Title)

*Georgia Department of Banking & Finance  
2990 Brandywine Road, Suite 200  
Atlanta, Georgia 30341*

**STATE MONEY TRANSMITTER LICENSE CONFIRMATION REQUEST**

**Applicant Name:**

**Applicant City, State:**

**Name as Licensed in \_\_\_\_\_:**  
(State)

The Georgia Department of Banking and Finance is in the process of investigating an application submitted by the above company to obtain a Georgia money transmitter license. The application indicates that the applicant is licensed in your state. We request that you provide the following information so that we may complete our investigation of the applicant:

- 1) What type of license does the above company currently hold in your state? What is the status of the license (expiration date)?
- 2) Have there been any complaints filed against the company in the last 3 years? If yes, please give the number of complaints and the nature of these complaints.
- 3) Has your state taken any disciplinary/enforcement action against the applicant? If yes, please identify type of action, date of action, and disposition of action.
- 4) Please state the date of the most recent examination of the licensee conducted by your Department and indicate the ratings of the examination.
- 5) Please make any other pertinent comments about the licensee if applicable.

Name/Title of State Official Completing Form: \_\_\_\_\_

Agency Name and Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_

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**Please complete and return this form directly to:** Non Depository Financial Institutions Division  
Money Service Businesses Unit  
Georgia Department of Banking and Finance  
(770) 986-1639 -Telephone  
(770) 986-1655 - Fax  
[dbfcorp@dbf.state.ga.us](mailto:dbfcorp@dbf.state.ga.us) - e-mail

\_\_\_\_\_ is hereby authorized to furnish the Georgia Department of Banking and Finance with  
(Name of State)  
the above requested information regarding the above applicant and any affiliated companies.

\_\_\_\_\_  
(Name and Title of Authorized Officer of Applicant)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Authorized Officer)